

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

◆ Do not enter social security numbers on this form as it may be made public.
◆ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 1/01/21, and ending 10/31/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOUNDATION FOR CELIAC AWARENESS Doing business as BEYOND CELIAC Number and street (or P.O. box if mail is not delivered to street address) PO BOX 544 City or town, state or province, country, and ZIP or foreign postal code AMBLER PA 19002	D Employer identification number 90-0108854	
	Room/suite E Telephone number 215-325-1306	G Gross receipts\$ 2,734,700	
	F Name and address of principal officer: ALICE BAST PO BOX 544 AMBLER PA 19002		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ◆
	J Website: ◆ WWW.BEYONDCELIAC.ORG		L Year of formation: 2003 M State of legal domicile: PA

K Form of organization: Corporation Trust Association Other ◆

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	147
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,562,376	1,726,718
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,994	505,293
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,041	136,463
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,612	287,931
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,452,023	2,656,405
	14 Benefits paid to or for members (Part IX, column (A), line 4)	75,000	280,200
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,636,873	1,722,139
	b Total fundraising expenses (Part IX, column (D), line 25) ◆ 364,102	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	607,813	548,600
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,319,686	2,550,939	
19 Revenue less expenses. Subtract line 18 from line 12	132,337	105,466	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,983,659	4,645,706
	22 Net assets or fund balances. Subtract line 21 from line 20	771,164	1,153,396
		4,212,495	3,492,310

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer:	Date: 03/15/2023
	Type or print name and title: ALICE BAST CEO	

Paid Preparer Use Only	Print/Type preparer's name: JOHN W. RUTECKI, CPA	Preparer's signature: JOHN W. RUTECKI, CPA	Date: 03/15/23	Check <input type="checkbox"/> if self-employed	PTIN: P02295032	
	Firm's name: O'CONNELL & COMPANY, LLC				Firm's EIN: 47-1352305	
	Firm's address: 165 TOWNSHIP LINE RD STE 1100 JENKINTOWN, PA 19046				Phone no.: 215-887-4425	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE NATIONAL FOUNDATION FOR CELIAC AWARENESS, DOING BUSINESS AS BEYOND CELIAC, UNITES WITH PATIENTS AND PARTNERS TO DRIVE DIAGNOSIS, ADVANCE RESEARCH AND ACCELERATE THE DISCOVERY OF NEW TREATMENTS AND A CURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,645,743 including grants of\$) (Revenue \$ 505,293) SEE SCHEDULE O

4b (Code:) (Expenses \$ 52,325 including grants of\$) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 42,187 including grants of\$) (Revenue \$) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 280,200 including grants of\$ 280,200) (Revenue \$)

4e Total program service expenses ◆ 2,020,455

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
		1a	19
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17	
b	Enter the number of voting members included on line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **◆ PA, AZ, CA, CT, FL, IL, MD, MN, NC, NJ, NY, OH, TX**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **◆**

GEORGE GORGE **PO BOX 544** **PA 19002** **215-325-1306**
AMBLER

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALICE BAST	60.00									
CEO	0.00	X		X			243,245	0	6,418	
(2) ALAN EHRLICH, MD	4.00									
CHAIR	0.00	X		X			0	0	0	
(3) C. KANE BRENNAN	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(4) GERALD BERTIGER, MD	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) BARBARA WEIR POWERS	4.00									
SECRETARY	0.00	X		X			0	0	0	
(6) LISA AGDERN	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) BRITTANY BAKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ROBERT BEALL, PHD	3.00									
DIRECTOR	0.00	X					0	0	0	
(9) ED LEWIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) TODD HAMMER	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) GREGG MELINSON	3.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BENNETT MUSKIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) JENNIFER PLATZKERE SNYDER	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) RITU VERMA, MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) CAROLE HAAS GRAVAGNO	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) JENNIFER BROWNSTEIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) LAWRENCE P. FLYNN, CPA	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) SALVATORE ALESCI	40.00									
CSSO	0.00					X	203,596	0	1,788	
(19) MARY KATE CAROFANO	40.00									
CAO	0.00					X	162,599	0	5,279	
1b Subtotal							609,440		13,485	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							609,440		13,485	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,726,718				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,726,718			
Program Service Revenue			Business Code				
	2a CORPORATE SUPPORT		900099	198,676	198,676		
	b CLINICAL TRIALS FEES		900099	106,350	106,350		
	c PHARMA CONSORTIUM		900099	98,333	98,333		
	d OTHER PROGRAM REVENUE		900099	63,659	63,659		
	e ROYALTY PROGRAM		900099	38,275	38,275		
	f All other program service revenue						
g Total. Add lines 2a-2f			505,293				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			136,463		136,463	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real	(ii) Personal			
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a			366,226				
b Less: direct expenses	8b		78,295				
c Net income or (loss) from fundraising events			287,931		287,931		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,656,405	505,293	0	424,394	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	194,400	194,400		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	85,800	85,800		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	470,639	432,988	9,413	28,238
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,105,034	866,697	39,283	199,054
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,644	31,595	2,558	7,491
10	Payroll taxes	104,822	85,564	2,451	16,807
11	Fees for services (nonemployees):				
a	Management				
b	Legal	2,530		2,530	
c	Accounting	22,819	14,559	5,829	2,431
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,598		27,598	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	171,050	102,008	31,843	37,199
12	Advertising and promotion	10,094	9,761		333
13	Office expenses	55,405	33,454	905	21,046
14	Information technology	63,288	61,278	1,075	935
15	Royalties				
16	Occupancy	3,737		3,737	
17	Travel	38,881	24,042	3,768	11,071
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,128	2,472	2,394	2,262
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,063	57,509		554
23	Insurance	8,372		8,372	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES AND SUBSCRIPTIONS	25,667	3,695	5,403	16,569
b	BANK CHARGES & OTHER FEES	20,031	225	3,524	16,282
c	PERSONNEL COSTS	8,753	1,485	6,701	567
d	OTHER GIFTS AND DONATIONS	7,712	5,400	2,180	132
e	All other expenses	17,472	7,523	6,818	3,131
25	Total functional expenses. Add lines 1 through 24e	2,550,939	2,020,455	166,382	364,102
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	359,009	1	527,295
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	347,631	3	522,248
	4 Accounts receivable, net	84,678	4	195,522
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	161,067	9	86,714
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,731		
	b Less: accumulated depreciation	10b 16,530	1,755	10c 1,201
	11 Investments—publicly traded securities	4,029,519	11	3,312,726
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		4,983,659	16	4,645,706
Liabilities	17 Accounts payable and accrued expenses	99,164	17	100,221
	18 Grants payable	151,000	18	201,200
	19 Deferred revenue	521,000	19	851,975
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		771,164	26	1,153,396
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,968,841	27	1,523,672
	28 Net assets with donor restrictions	2,243,654	28	1,968,638
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,212,495	32	3,492,310
33 Total liabilities and net assets/fund balances	4,983,659	33	4,645,706	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,656,405
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,550,939
3	Revenue less expenses. Subtract line 2 from line 1	3	105,466
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,212,495
5	Net unrealized gains (losses) on investments	5	-825,651
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,492,310

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

◆ **Attach to Form 990 or Form 990-EZ.**

◆ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

**NATIONAL FOUNDATION FOR CELIAC
AWARENESS**

Employer identification number

90-0108854

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	931,083	1,403,653	1,033,981	1,562,376	1,726,718	6,657,811
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	931,083	1,403,653	1,033,981	1,562,376	1,726,718	6,657,811
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4 .						6,657,811

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	931,083	1,403,653	1,033,981	1,562,376	1,726,718	6,657,811
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58,640	61,604	56,978	99,041	136,463	412,726
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		542,466	380,961	332,871	366,226	1,622,524
11 Total support. Add lines 7 through 10						8,693,061

12 Gross receipts from related activities, etc. (see instructions) 12 1,661,734

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 76.59%

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 79.94%

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING EVENTS REVENUE \$ 1,622,524

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NATIONAL FOUNDATION FOR CELIAC AWARENESS

Employer identification number

90-0108854

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, acreage restricted, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,948,024	1,695,283	1,725,258	1,671,264	1,794,520
b Contributions					
c Net investment earnings, gains, and losses	-310,959	371,550	91,149	175,065	3,940
d Grants or scholarships					
e Other expenditures for facilities and programs	178,274	118,809	121,124	121,071	127,196
f Administrative expenses					
g End of year balance	1,458,791	1,948,024	1,695,283	1,725,258	1,671,264

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment 100.00 %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	17,731		16,530	1,201
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,201

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... ◆		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... ◆		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... ◆	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... ◆	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,585,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-825,651	
b	Donated services and use of facilities	2b	782,503	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-43,148
3	Subtract line 2e from line 1		3	2,628,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,598	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	27,598
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,656,405

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,305,844
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	782,503	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	782,503
3	Subtract line 2e from line 1		3	2,523,341
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,598	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	27,598
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,550,939

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

BEYOND CELIAC ADOPTED THE ACCOUNTING STANDARD RELATED TO THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAD NO FINANCIAL STATEMENT EFFECT FOR BEYOND CELIAC. BEYOND CELIAC IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2019.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
◆ Attach to Form 990.
◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

**NATIONAL FOUNDATION FOR CELIAC
AWARENESS**

Employer identification number

90-0108854

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			UNITED KINGDOM	RESEARCH GRANT	81,000	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

**BEYOND CELIAC REQUIRED GRANTEES TO MEET CERTAIN REPORTING AND PROGRESS
CONDITIONS.**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**NATIONAL FOUNDATION FOR CELIAC
AWARENESS**

Employer identification number

90-0108854

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>5K</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	188,094	110,266	67,866	366,226
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	188,094	110,266	67,866	366,226
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,313	16,875	38,107	78,295
	10 Direct expense summary. Add lines 4 through 9 in column (d)				78,295
11 Net income summary. Subtract line 10 from line 3, column (d)				287,931	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

.....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

.....

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
◆ Attach to Form 990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

◆ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**NATIONAL FOUNDATION FOR CELLIAC
AWARENESS**

Employer identification number

90-0108854

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1	(1) COLUMBIA UNIVERSITY 116TH AND BROADWAY NEW YORK NY 10027	13-5598093	501C3	194,400		FMV		RESEARCH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ◆

3 Enter total number of other organizations listed in the line 1 table ◆

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2021)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
BEYOND CELIAC REQUIRED GRANTEEES TO MEET CERTAIN REPORTING AND
PROGRESS CONDITIONS.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL FOUNDATION FOR CELIAC AWARENESS

Employer identification number

90-0108854

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALICE BAST CEO	(i) 201,245 (ii) 0	42,000	0	0	6,418	249,663	0
2 SALVATORE ALESCI CSSO	(i) 203,596 (ii) 0	0	0	0	1,788	205,384	0
3 MARY KATE CAROFANO CAO	(i) 162,599 (ii) 0	0	0	0	5,279	167,878	0
4	(i) (ii) .....	.....	.....	.....	.....	.....	.....
5	(i) (ii) .....	.....	.....	.....	.....	.....	.....
6	(i) (ii) .....	.....	.....	.....	.....	.....	.....
7	(i) (ii) .....	.....	.....	.....	.....	.....	.....
8	(i) (ii) .....	.....	.....	.....	.....	.....	.....
9	(i) (ii) .....	.....	.....	.....	.....	.....	.....
10	(i) (ii) .....	.....	.....	.....	.....	.....	.....
11	(i) (ii) .....	.....	.....	.....	.....	.....	.....
12	(i) (ii) .....	.....	.....	.....	.....	.....	.....
13	(i) (ii) .....	.....	.....	.....	.....	.....	.....
14	(i) (ii) .....	.....	.....	.....	.....	.....	.....
15	(i) (ii) .....	.....	.....	.....	.....	.....	.....
16	(i) (ii) .....	.....	.....	.....	.....	.....	.....

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATIONAL FOUNDATION FOR CELIAC AWARENESS	Employer identification number 90-0108854
---	---

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

MISSION STATEMENT:

THE NATIONAL FOUNDATION FOR CELIAC AWARENESS, DOING BUSINESS AS BEYOND CELIAC, UNITES WITH PATIENTS AND PARTNERS TO DRIVE DIAGNOSIS, ADVANCE RESEARCH AND ACCELERATE THE DISCOVERY OF NEW TREATMENTS AND A CURE.

VISION STATEMENT:

A WORLD IN WHICH PEOPLE WITH CELIAC DISEASE CAN LIVE HEALTHY LIVES, FREE FROM SOCIAL STIGMA AND FEAR OF GLUTEN EXPOSURE - A WORLD BEYOND CELIAC.

DIVERSITY, EQUITY AND INCLUSION (DEI) MISSION

BEYOND CELIAC FOSTERS A SENSE OF BELONGING BY ELEVATING UNDERREPRESENTED VOICES AS WE WORK TOGETHER FOR A CURE. WE SEEK TO BE A COMMUNITY THAT WELCOMES DIVERSE PERSPECTIVES AND PROVIDES MEANINGFUL OPPORTUNITIES TO EMPOWER MARGINALIZED POPULATIONS.

DIVERSITY, EQUITY AND INCLUSION (DEI) VISION

BEYOND CELIAC BELIEVES IN A WORLD WHERE WE ALL CAN LIVE HEALTHY LIVES FREE FROM BIAS AND BARRIERS. ACROSS OUR WORK, WE MUST ENGAGE DIVERSE PERSPECTIVES AND PROMOTE EQUITY IN OUR COMMUNITY TO REALIZE OUR VISION OF A WORLD BEYOND CELIAC.

BEYOND CELIAC OVERVIEW

SINCE 2003, BEYOND CELIAC HAS BEEN THE LEADING PATIENT ADVOCACY AND RESEARCH-DRIVEN CELIAC DISEASE ORGANIZATION WORKING TO DRIVE DIAGNOSIS, ADVANCE RESEARCH AND ACCELERATE THE DISCOVERY OF NEW TREATMENTS AND A CURE. BY ENGAGING WITH THE TOP SCIENTISTS IN THE FIELD, AWARDING RESEARCH GRANTS, AND SUPPORTING THE COMMUNITY, BEYOND CELIAC ENVISIONS A WORLD IN WHICH PEOPLE WHO ARE UNDIAGNOSED CAN RESTORE THEIR LIVES THROUGH A TIMELY AND

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

ACCURATE DIAGNOSIS. WE BELIEVE THAT PATIENTS DESERVE OPTIONS TO TREAT THIS CHRONIC AUTOIMMUNE DISEASE BEYOND THE GLUTEN-FREE DIET, WHICH HAS BEEN THE ONLY TREATMENT FOR CELIAC DISEASE SINCE THE 1800'S.

CURRENT RESEARCH IS PROVING THAT THE GLUTEN-FREE DIET IS INSUFFICIENT AND UNRELIABLE FOR MANY PEOPLE WITH CELIAC DISEASE. FINDING TREATMENT OPTIONS AND ULTIMATELY CURING CELIAC DISEASE WILL NOT ONLY HELP THIS POPULATION BUT WILL ALSO ADVANCE RESEARCH FOR OTHER AUTOIMMUNE DISEASES.

WHAT WE DO

BEYOND CELIAC SERVES THE 21 MILLION AMERICANS REQUIRING A GLUTEN-FREE DIET AS THE ONLY CURRENT TREATMENT FOR CELIAC DISEASE AND NON-CELIAC GLUTEN SENSITIVITY ('GLUTEN SENSITIVITY'). THROUGH OUR CELIAC DISEASE SYMPTOMS CHECKLIST, THE SERIOUSLY, CELIAC DISEASE: TALK. TELL. TEST. CAMPAIGN, OUR NATIONALLY DISTRIBUTED PUBLIC SERVICE ANNOUNCEMENT, THE VOICES OF CELIAC INITIATIVE AND OTHER PROJECTS, WE HAVE CONTRIBUTED TO THE INCREASED CELIAC DISEASE RATE OF DIAGNOSIS FROM 3% IN 2003 TO UP TO 50% TODAY.

WE AIM TO POSITIVELY IMPACT ALMOST EVERY ASPECT OF CELIAC DISEASE RESEARCH BY ELIMINATING A MAJOR BARRIER TO PROGRESS: THE LACK OF RELIABLE, IN-DEPTH PATIENT INFORMATION. OUR AGGRESSIVE RESEARCH AGENDA ADVANCES PATHWAYS TO NEW TREATMENTS OPTIONS BEYOND THE GLUTEN-FREE DIET. BEYOND CELIAC HAS TAKEN BOLD STEPS TOWARD AN EVEN BIGGER GOAL: RESEARCH FOR TREATMENTS TOWARD CURE FOR CELIAC DISEASE BY 2030.

NOTABLY, BEYOND CELIAC HOSTED A RESEARCH SUMMIT IN APRIL 2022 THAT CONVENEED TOP RESEARCHERS, PATIENTS, AND OTHER STAKEHOLDERS TO COLLABORATE ON OVERCOMING REMAINING BARRIERS TO A CURE. WE ALSO MADE MAJOR CONTRIBUTIONS TO THE BODY OF SCIENCE THROUGH PRESENTATIONS OF ORIGINAL BEYOND CELIAC RESEARCH AND BEYOND CELIAC-FUNDED RESEARCH AT DIGESTIVE DISEASE WEEK 2022 AND THE 2022 INTERNATIONAL CELIAC DISEASE SYMPOSIUM. MULTIPLE NEW

Name of the organization

NATIONAL FOUNDATION FOR CELIAC

Employer identification number

90-0108854

TRANSLATIONAL RESEARCH GRANT OPPORTUNITIES WERE AWARDED/ANNOUNCED,
POSITIONING US AS THE PREMIER INTERNATIONAL CELIAC DISEASE RESEARCH FUNDER.
REACH BEYOND CELIAC: ENGAGING AND EMPOWERING THE COMMUNITY
THE REACH BEYOND CELIAC AMBASSADOR PROGRAM HAS ENGAGED SKILLS-BASED
VOLUNTEERS AND HAS GROWN STEADILY WITH A TOTAL OF 40 AMBASSADORS, 18 STATES
AND 3 COUNTRIES. WORKING IN THEIR OWN COMMUNITIES, THE AMBASSADORS FOCUS ON
INCLUSION, ESTABLISHING PERSONAL CONNECTIONS AND BUILDING SUPPORTIVE
NETWORKS FOR THOSE WITH CELIAC DISEASE AND GLUTEN SENSITIVITY AT EVERY
STAGE OF LIFE. THEY AIM TO SPREAD AWARENESS, EDUCATE THE COMMUNITY, AND
RAISE CRITICAL FUNDS. THESE AMBASSADORS TAILOR THE PROGRAM TO THEIR UNIQUE
PASSIONS AND SKILLS WORKING BOTH INDEPENDENTLY AND COLLABORATIVELY ON
INITIATIVES DESIGNED TO DRIVE THE BEYOND CELIAC MISSION FORWARD.
THE RECENTLY LAUNCHED BEYOND CELIAC COALITION HAS BROUGHT TOGETHER MEMBERS
OF ACADEMIA, KEY OPINION LEADERS, GOVERNMENT AGENCIES, AND PHARMACEUTICAL,
BIOTECH AND DIAGNOSTIC COMPANIES TO IDENTIFY AND ADDRESS SIGNIFICANT
ROADBLOCKS TO THE DIAGNOSIS AND TREATMENT OF CELIAC DISEASE. THE COALITION
USES BEST PRACTICES TO ANALYZE AND SYSTEMATICALLY REDUCE MAJOR PATIENT
BARRIERS TO ACCELERATE CLINICAL TRIALS FOR CELIAC DISEASE.
ADVANCING RESEARCH AND FORGING PATHWAYS TO A CURE
BEYOND CELIAC HAS CRAFTED ITS SCIENCE PLAN TO CHANGE THE FUTURE FOR THE 3.2
MILLION AMERICANS LIVING WITH THIS SERIOUS AUTOIMMUNE DISORDER. THROUGH OUR
GO BEYOND CELIAC PROGRAM AND OTHER INITIATIVES, WE ARE COLLECTING AND
ANALYZING COMPREHENSIVE DATA ON THE BURDEN OF CELIAC DISEASE AND GLUTEN
SENSITIVITY. WITH THIS INFORMATION, WE CAN INCREASE AWARENESS AND MAKE A
COMPELLING CASE FOR LARGER INVESTMENTS FROM GOVERNMENT AGENCIES,
PHARMACEUTICAL COMPANIES, BIOTECH AND MORE.
AS A CRITICALLY IMPORTANT STEP IN MEETING THE GOAL OF FINDING NEW

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

TREATMENTS AND A CURE FOR CELIAC DISEASE, BEYOND CELIAC HAS DEVELOPED A ROBUST SCIENCE PLAN, LED BY THE BEYOND CELIAC CHIEF SCIENTIST AND STRATEGY OFFICER, AND INFORMED BY THE BEYOND CELIAC SCIENTIFIC ADVISORY BOARD (SAB). MEMBERS OF THE SAB HAVE A BROAD SPAN OF EXPERTISE THAT INCLUDES CELIAC DISEASE, IMMUNOLOGY, AND DRUG DEVELOPMENT. THEY ARE INTERNATIONALLY RECOGNIZED PHYSICIANS AND SCIENTISTS IN BOTH CELIAC DISEASE AND RELATED NON-CELIAC DISEASE FIELDS OF STUDY.

AS PART OF THE SCIENCE PLAN, BEYOND CELIAC FUNDS PROMISING SCIENTIFIC RESEARCH THAT QUICKLY TRANSLATES FROM SCIENTIFIC INVESTIGATION TO CLINICAL USE, SPEEDING THE DEVELOPMENT OF TREATMENTS FOR PATIENTS. THESE RESEARCH OPPORTUNITIES ATTRACT OUTSTANDING BASIC AND CLINICAL SCIENTISTS TO DIRECT THEIR EFFORTS TO UNDERSTAND AND CONTROL CELIAC DISEASE. THESE FUNDING OPPORTUNITIES HELP GROW THE NUMBER OF SCIENTISTS INTERESTED IN CELIAC DISEASE RESEARCH, FURTHER ACCELERATING RESEARCH IN THE FIELD.

BEYOND CELIAC IS COMMITTED TO HELPING PHYSICIANS, SCIENTISTS AND RESEARCHERS DISCOVER NEW FINDINGS THAT CAN IMPROVE CELIAC DISEASE DIAGNOSIS AND TREATMENT. THROUGH RESEARCH SYMPOSIA, A VIRTUAL MINI-CONFERENCE AND RESEARCH SUMMITS, WE HAVE CONVENED RESEARCHERS, CLINICIANS, GOVERNMENT AGENCIES, INDUSTRY AND PEOPLE WITH CELIAC DISEASE TO DEVELOP A ROADMAP FOR RESEARCH THAT PUTS THE PATIENT AT THE CENTER OF THIS WORK.

THE BEYOND CELIAC RESEARCH-RELATED WEB CONTENT INCLUDES THE LATEST UPDATES IN CELIAC DISEASE RESEARCH, DRUG DEVELOPMENT, AND CLINICAL TRIALS. IN ADDITION, BEYOND CELIAC IS A LEADER IN PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES TO RECRUIT PATIENTS FOR CLINICAL TRIALS AS WE SEEK TO ADVANCE THERAPIES FOR CELIAC DISEASE OUTSIDE OF THE GLUTEN-FREE DIET ALONE.

THE RESEARCH NEWSLETTER WITH A CURRENT LIST OF 47,610 ENGAGED NEWSLETTER

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

SUBSCRIBERS IS A KEY BEYOND CELIAC PROGRAM COMPRISING A GROWING COMMUNITY OF PEOPLE IMPACTED BY CELIAC DISEASE WHO ARE INTERESTED IN THE LATEST CELIAC DISEASE RESEARCH UPDATES, INCLUDING DRUG DEVELOPMENT AND CLINICAL TRIALS LEADING TO NEW TREATMENTS. OUR LEADERSHIP POSITION IN SOCIAL MEDIA HELPS ENGAGE IN AN ONGOING CONVERSATION ABOUT HOW WE CAN DRIVE PATIENT-CENTERED RESEARCH TOGETHER.

GO BEYOND CELIAC, THE BEYOND CELIAC GROUNDBREAKING PATIENT RESEARCH DATABASE, HELPS TO ADVANCE RESEARCH BY COLLECTING SELF-REPORTED DATA TO LEARN MORE ABOUT INDIVIDUAL EXPERIENCES OF CELIAC DISEASE AND PROVIDING DATA TO FILL IMPORTANT GAPS IN CELIAC DISEASE RESEARCH. IN ADDITION, GO BEYOND CELIAC CAN BE USED TO PRE-SCREEN AND RECRUIT POTENTIAL STUDY PARTICIPANTS, REDUCING A CRITICAL BARRIER TO SUCCESSFUL RESEARCH. GO BEYOND CELIAC IS LOCATED AT GO.BEYONDCELIAC.ORG

BEYOND CELIAC GRANTS PROGRAM

BEYOND CELIAC RESEARCH FUNDING IS DIRECTED IN TWO PRIMARY WAYS:

1. INNOVATIVE RESEARCH GRANTS: HIGH-POTENTIAL DISCOVERY AREAS

BEYOND CELIAC PROVIDES GRANTS TO HELP SCIENTISTS COLLECT THE PRELIMINARY DATA NEEDED TO BEGIN ANSWERING MAJOR QUESTIONS AROUND CELIAC DISEASE THAT COULD LEAD TO BREAKTHROUGHS FOR LARGER SCALE RESEARCH OR CLINICAL-TRIALS.

2. ESTABLISHED INVESTIGATOR GRANTS: BEST AND BRIGHTEST

THESE GRANTS ENCOURAGE THE MOST SUCCESSFUL SCIENTISTS TO CONTINUE TO STUDY CELIAC DISEASE OR, IF WORKING IN A RELATED FIELD, TURN THEIR FOCUS TO CELIAC DISEASE, HELPING TO KEEP TOP SCIENTISTS COMMITTED TO LONG-TERM CELIAC DISEASE RESEARCH. OVER TIME, THESE GRANTS WILL LEAD TO MORE RESEARCHERS DEDICATING THEIR CAREERS TO STUDYING CELIAC DISEASE AND TO FINDING BETTER TREATMENTS AND A CURE.

REDUCING TIME TO DIAGNOSIS

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

A SIGNIFICANT PERCENTAGE OF THOSE WITH CELIAC DISEASE ARE UNDIAGNOSED OR MISDIAGNOSED. BIOLOGICAL RELATIVES OF SOMEONE WITH CELIAC DISEASE ARE AT A MUCH HIGHER RISK OF HAVING CELIAC DISEASE THEMSELVES. BEYOND CELIAC LAUNCHED THE NATION'S FIRST FAMILY TESTING CAMPAIGN, SERIOUSLY, CELIAC DISEASE: TALK. TELL. TEST., WHICH SUPPORTS THOSE DIAGNOSED IN HAVING A SERIOUS, ONE-ON-ONE CONVERSATION WITH THEIR AT-RISK FAMILY MEMBERS. THROUGH A JOINT INITIATIVE WITH THE NATIONAL MINORITY QUALITY FORUM, BEYOND CELIAC IS IDENTIFYING POTENTIAL MISSED DIAGNOSES BASED ON GEOGRAPHY AND/OR RACIAL DEMOGRAPHICS. BEYOND CELIAC IS THE ONLY CELIAC DISEASE ADVOCACY ORGANIZATION WORKING TO IDENTIFY AND ADDRESS RACIAL AND ETHNIC DISPARITIES IN DIAGNOSIS AND TREATMENT FOR CELIAC DISEASE. RESEARCH HIGHLIGHTING THIS WORK WAS FEATURED IN A POSTER PRESENTATION AT 2022 DIGESTIVE DISEASE WEEK (DDW). DDW IS THE LARGEST INTERNATIONAL GATHERING OF PHYSICIANS, RESEARCHERS AND ACADEMICS IN THE FIELDS OF GASTROENTEROLOGY, HEPATOLOGY, ENDOSCOPY AND GASTROINTESTINAL SURGERY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

RESEARCH IN THE FIELD OF CELIAC DISEASE AND RELATED DISORDERS

BEYOND CELIAC OFFERS GRANTS TO MEMBERS OF THE RESEARCH AND MEDICAL COMMUNITIES WHO ARE ADVANCING CELIAC DISEASE RESEARCH.

USING A PATIENT-CENTERED APPROACH AND WORKING WITH THE BEYOND CELIAC SCIENTIFIC ADVISORY BOARD, CELIAC DISEASE SCIENTISTS ARE MAKING DISCOVERIES ABOUT CELIAC DISEASE WITH HELP FROM BEYOND CELIAC GRANTS. BEYOND CELIAC AWARDS MAJOR CELIAC DISEASE RESEARCH GRANTS THAT WILL ACCELERATE RESEARCH IN CELIAC DISEASE, NON-CELIAC GLUTEN SENSITIVITY ("GLUTEN SENSITIVITY") AND ASSOCIATED DISORDERS TO ADVANCE TREATMENTS BEYOND THE GLUTEN-FREE DIET AND, ONE DAY, A CURE.

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

RECENT MAJOR GRANT AWARDS:

PAUL KLENERMAN, PHD, A PROFESSOR OF GASTROENTEROLOGY AT THE UNIVERSITY OF OXFORD, OXFORD, ENGLAND, RECEIVED THE BEYOND CELIAC ESTABLISHED INVESTIGATOR AWARD. HE IS STUDYING KILLER T-CELLS THAT CAUSE THE ACTUAL TISSUE DAMAGE IN CELIAC DISEASE.

JOCELYN SILVESTER, MD, DIRECTOR OF RESEARCH OF THE CELIAC DISEASE PROGRAM AT BOSTON CHILDREN'S HOSPITAL, IS THE RECIPIENT OF THE BEYOND CELIAC PILOT AND FEASIBILITY GRANT. HER STUDY IS USING RNA SEQUENCING OF A SERIES OF BIOPSIES COLLECTED DURING AN EARLIER GLUTEN-CHALLENGE STUDY. SILVESTER IS THEN CHECKING THE ACCURACY OF THE SEQUENCING METHOD ON THE BIOPSIES PREVIOUSLY TAKEN FOR DIAGNOSIS AND FOLLOW-UP ON ANOTHER GROUP OF PATIENTS. ARNOLD HAN, MD, PHD, OF COLUMBIA UNIVERSITY, WAS GRANTED THE BEYOND CELIAC-SOCIETY FOR THE STUDY OF CELIAC DISEASE (SSCD) EARLY CAREER RESEARCH AWARD. HE IS INVESTIGATING THE ROLE OF CD8 T-CELLS TO ESTABLISH ANTIGEN SPECIFICITY. THE STUDY WILL ALSO INVESTIGATE CELIAC DISEASE MECHANISMS THROUGH AN INVITRO MODEL, CALLED AN ORGANOID. THIS RESEARCH IS A JOINT VENTURE THAT AIMS TO CORRECT A SIGNIFICANT GAP IN THE GASTROINTESTINAL AND AUTOIMMUNE DISEASE RESEARCH PORTFOLIO.

NIGEL HOGGARD, MD AND IAIN CROALL, PHD, OF THE UNIVERSITY OF SHEFFIELD, UK, RECEIVED A BEYOND CELIAC ESTABLISHED INVESTIGATOR AWARD TO RESEARCH NEUROPATHOLOGY OF CELIAC DISEASE AND GLUTEN-RELATED DISORDERS.

NEUROPSYCHOLOGICAL IMPAIRMENT IN PEOPLE WITH CELIAC DISEASE CAN BE AS OR MORE DEBILITATING THAN THEIR GASTROINTESTINAL SYMPTOMS, AND IT HAS BEEN OVERLOOKED.

THEIR STUDY IS FOCUSING ON HOW EFFECTIVELY THE GLUTEN-FREE DIET TREATS THESE NEUROLOGICAL PROBLEMS AND WILL FURTHER INVESTIGATE LONG-TERM EFFECTS ON COGNITIVE FUNCTION, SEVERITY OF DEPRESSION AND ANXIETY SYMPTOMS AND

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

OVERALL QUALITY OF LIFE.

RESEARCH PARTNERSHIPS:

BEYOND CELIAC AND THE NATIONAL MINORITY QUALITY FORUM (NMQF) HAVE PARTNERED TO TARGET INEQUITIES IN CELIAC DISEASE DIAGNOSIS, TREATMENT

THIS UNIQUE PARTNERSHIP FOCUSES ON THE DISPARITY IN DIAGNOSIS OF CELIAC DISEASE AND IS BUILDING A NEW EQUITABLE PATH FORWARD BY INVESTIGATING THE EXTENT OF UNDIAGNOSED CELIAC DISEASE, PARTICULARLY AMONG NON-CAUCASIANS.

MEDICARE AND MEDICAID DATA IS BEING USED TO MAP DIAGNOSED CELIAC DISEASE ACROSS THE UNITED STATES AND TO IDENTIFY POTENTIALLY MISSED AND

MISDIAGNOSIS OF THE DISEASE, PARTICULARLY AMONG UNDERSERVED POPULATIONS.

BEYOND CELIAC HAS PARTNERED WITH JANSSEN PHARMACEUTICALS TO SUPPORT CRITICAL CELIAC DISEASE RESEARCH.

BEYOND CELIAC IS PROUD TO ANNOUNCE A COMMITMENT OF UP TO \$1 MILLION IN FUNDS AND SERVICES OVER THREE YEARS. BEYOND CELIAC AND JANSSEN WILL CO-FUND MULTIPLE GRANTS SUPPORTING RESEARCH FOCUSING ON RISK DETECTION, PREVENTION, INTERCEPTION AND CURE OF CELIAC DISEASE. EMPHASIS WILL BE PLACED ON GAINING AN INCREASED UNDERSTANDING OF AREAS SUCH AS THE GUT MICROBIOME, INDUCTION OF IMMUNE TOLERANCE AND BIOMARKERS OF RISK AND PROGRESSION.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

GO BEYOND CELIAC: WE CAN, WE WILL

GO BEYOND CELIAC, A MAJOR BEYOND CELIAC PROGRAM, IS AN ONLINE CELIAC DISEASE PATIENT REGISTRY AND APP THAT COLLECTS DATA TO ACCELERATE RESEARCH FOR CELIAC DISEASE. THIS IS A PLACE WHERE PATIENTS CAN ACTIVELY PARTICIPATE IN RESEARCH BY SHARING THEIR STORIES AND EXPERIENCES TO HELP IMPROVE DIAGNOSIS AND FURTHER RESEARCH TOWARD TREATMENTS AND A CURE FOR THIS SERIOUS AUTOIMMUNE DISEASE.

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

THIS HELPS RESEARCHERS AND HEALTHCARE PROFESSIONALS TO HAVE A BETTER UNDERSTANDING OF HOW CELIAC DISEASE DEVELOPS.

PARTICIPANTS ALSO CAN LEARN ABOUT HOW THEY CAN JOIN RESEARCH STUDIES AND STAY UP TO DATE ON THE LATEST IN CELIAC DISEASE SCIENCE.

GO BEYOND CELIAC COLLECTS SELF-REPORTED DATA TO IMPROVE UNDERSTANDING OF CELIAC DISEASE. AS A MEMBER OF THE GO BEYOND CELIAC COMMUNITY, PARTICIPANTS WILL BE ABLE TO ADD THEIR EXPERIENCES TO THE LARGER CELIAC DISEASE PICTURE AND SEE HOW IT COMPARES TO OTHERS. PARTICIPANTS CAN TRACK THEIR HEALTH AND STORE THEIR CELIAC DISEASE-RELATED DATA AND HISTORY IN ONE SAFE PLACE.

GO BEYOND CELIAC COLLECTS AND ANALYZES COMPREHENSIVE DATA ON THE BURDEN OF CELIAC DISEASE AND GLUTEN SENSITIVITY. WITH THIS INFORMATION, BEYOND CELIAC CAN INCREASE AWARENESS AND MAKE A COMPELLING CASE FOR LARGER INVESTMENTS FROM GOVERNMENT AGENCIES, PHARMACEUTICAL COMPANIES, BIOTECH AND MORE TO ADVANCE RESEARCH.

THROUGH GO BEYOND CELIAC, PARTICIPANTS CAN GET INFORMATION ON THE LATEST IN CLINICAL TRIALS FOR CELIAC DISEASE, INCLUDING WHICH TRIALS ARE CURRENTLY RECRUITING AND HOW PATIENTS CAN GET INVOLVED.

CURRENTLY, OVER 8,200 PARTICIPANTS HAVE JOINED GO BEYOND CELIAC TO SHARE THEIR SELF-REPORTED DATA TO IMPROVE UNDERSTANDING OF CELIAC DISEASE. THIS WILL HELP INCREASE DIAGNOSIS AND FURTHER RESEARCH TOWARD NEW TREATMENTS AND A CURE.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

BEYOND CELIAC RESEARCH SUMMITS

BEYOND CELIAC HAS HOSTED RESEARCH SUMMITS BECAUSE SO MANY NEEDS REMAIN UNMET FOR THE CELIAC DISEASE COMMUNITY.

BEYOND CELIAC HAS PRODUCED BEYOND CELIAC RESEARCH SUMMITS SINCE 2018,

PAGE 8 OF 10

Name of the organization

NATIONAL FOUNDATION FOR CELIAC

Employer identification number

90-0108854

INCLUDING A SUMMIT IN 2022 ENTITLED THE EVOLVING LANDSCAPE OF CELIAC DISEASE BRINGING TOGETHER STAKEHOLDERS CRUCIAL TO ACCOMPLISHING THE GOAL OF DEVELOPING NEW CELIAC DISEASE TREATMENTS. THE 2022 BEYOND CELIAC RESEARCH SUMMIT WAS A CRITICAL NEXT STEP IN WORKING TOGETHER TO DELIVER TREATMENT OPTIONS TO EVERYONE WHO WANTS AND NEEDS THEM.

THESE RESEARCH SUMMITS BRING TOGETHER CLINICIAN SCIENTISTS, PATIENTS, ENTREPRENEURIAL DRUG DEVELOPERS, PATIENT ADVOCACY LEADERS, PRIVATE AND PUBLIC HEALTH CARE INSURANCE AND FOOD AND DRUG ADMINISTRATION REPRESENTATIVES.

EACH SUMMIT HAS SEVERAL PANEL DISCUSSIONS SUCH AS OUTLINING THE CHALLENGES THAT THE CELIAC COMMUNITY FACES IN MANAGING CELIAC DISEASE, EXPERIENCES THAT COMMUNITY MEMBERS HAVE HAD IN PARTICIPATING IN CLINICAL TRIALS, DRUG DEVELOPMENT, CHALLENGES TO DEVELOPING NON-DIETARY THERAPIES FOR CELIAC DISEASE AND BARRIERS TO RESEARCH.

BEYOND CELIAC WILL HOLD A COMMUNITY SUMMIT IN 2023 HOSTING OVER 200 PARTICIPANTS. COMMUNITY SUMMIT PARTICIPANTS HAVE THE OPPORTUNITY TO SHARE THEIR EXPERIENCES WITH CELIAC DISEASE, "TOGETHER FOR A CURE."

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

RESEARCH GRANTS HAVE BEEN ISSUED TO FURTHER THE RESEARCH AND STUDY OF CELIAC DISEASE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ALL BOARD MEMBERS ARE PROVIDED COPIES OF THE 990 FOR REVIEW PRIOR TO BEING FILED. ANY QUESTIONS ARE DIRECTED TO THE DIRECTOR OF FINANCE AND NECESSARY CORRECTIONS ARE MADE.

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CELIAC

90-0108854

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BEYOND CELIAC DOES NOT DEAL WITH CONFLICTED INTEREST PARTIES EXCEPT WHEN FAIR MARKET VALUE OR BETTER DEALS ARE OFFERED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BEYOND CELIAC BOARD CHAIR, TREASURER, AND BEYOND CELIAC BOARD COMMITTEE MEMBERS SOLICIT SALARY AND JOB DESCRIPTION INFORMATION DIRECTLY FROM COMPARABLE NON-PROFIT ORGANIZATIONS IN PHILADELPHIA AREA AND ACROSS THE US. INFORMATION FROM AVAILABLE ONLINE SOURCES (I.E. GUIDESTAR) REGARDING NON-PROFIT SALARIES ASSISTED WITH THESE COMPARISONS.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED VIRGINIA, WASHINGTON

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE TO PUBLIC UPON REQUEST.